

# Seed Fund Programs

## CERTIFICATION OF SIGNATURES AND ADDRESS

Contract # \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

### AFFIDAVIT

\_\_\_\_\_, BEING FIRST DULY SWORN, DOES HEREBY CERTIFY THAT HE/SHE IS THE BOARD PRESIDENT OF \_\_\_\_\_ AND THAT ONLY THE INDIVIDUALS NAMED BELOW ARE AUTHORIZED TO SIGN REQUESTS FOR SEED FUNDS AND TO COMMUNICATE ON BEHALF OF THE ORGANIZATION WITH THE VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (DHCD), AND DOES FURTHER CERTIFY THAT THIS ACTION HAS BEEN APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

THE AFFIANT DOES FURTHER STATE THAT ALL PAYMENTS MADE BY DHCD PURSUANT TO THIS GRANT SHOULD BE MADE ONLY TO THE NAMED PAYEE AND ADDRESS BELOW, WHICH PAYEE THE AFFIANT HEREBY CERTIFIES TO BE AUTHORIZED TO RECEIVE SUCH FUNDS AT THE ADDRESS BELOW.

(NAME OF ORGANIZATION)

(ADDRESS)

Certified By:

(President's Signature)

**SWORN AND SUBSCRIBED TO ME, A NOTARY PUBLIC, IN AND FOR THE STATE OF VIRGINIA, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2000.**

NOTARY PUBLIC

My Commission expires:

SEAL: